Collosol Argentum.

Organism.	Dilution of Collosol.	Result after Incubation for 24 Hours.	Result after Incubation for 48 Hours.
B. coli communis	1 in 26	+	
	1 in 17.5	0	0
B. paratyphosus A	1 in 26	+	
	1 in 17.5	0	0
B. paratyphosus B... ...	1 in 26	+	
	1 in 17.5	0	+
	1 in 13 5	0	0
B. Aertryck	1 in 26	+	
	1 in 17.5	0	0
B. Gaertner	1 in 26	+	
	1 in 17.5	0	0
B. Danysz	1 in 32	+	
	1 in 26	0	+
	1 in 13 5	0	0
Staph. pycgenes aureus ...	1 in 36 5	0	+
	1 in 34	0	0

From these experiments it will be seen that both these preparations have considerable antiseptic power, and that the silver collosol is the more powerful of the two. Considering the absence of bactericidal action when tested under favourable conditions, the antiseptic action of this preparation is interesting. The explanation we hope to give in a later communication.

COLLOSOL ARGENTUM AND ITS OPHTHALMIC USES.

By A. LEGGE ROE, L.R.C.P., L.R.C.S.I.,
OPHTHALMIC SURGEON, HULL ROYAL INFIRMARY AND HULL AND SCULCOATES DISPENSARY.

COLLOSOL ARGENTUM is a clear sherry-coloured liquid, and, as described by the makers, is a solution containing the metal silver in a colloid form. The silver is present in a metallic state, not as a salt. The actual particles are of extreme minuteness and they pass readily through the pores of a filter, and are visible only under the ultra-microscope. They show great uniformity in size, and exhibit marked brownian movements. It is claimed for this preparation that no microbe is known that is not killed in laboratory experiments in six minutes.

The opinion that I have formed as to its value may be summed up in very few words: It is the most useful preparation that has been placed in our hands since the introduction of cocaine. I have used it many thousands of times and have never known it cause the slightest irritation, and it may be used for many months without staining the conjunctiva.

The first time I had occasion to use it was in a case of gonorrhoeal ophthalmia in an adult. He had been treated for a week with 5-grain solution of silver nitrate neutralized immediately with saline solution once daily, and the eye irrigated every hour with mercury perchloride solution, 1 in 7,000. There was very great chemosis, and a profuse purulent discharge was running down the cheek long before the time for irrigation came round again. A small central ulcer of the cornea had appeared. The same treatment was continued, and, in addition, collosol argentum drops were introduced into the eye after each irrigation. In thirty-six hours the discharge had completely stopped, there was no extension of the ulcer, and the eye made a rapid recovery, leaving only a faint nebula. I have treated three other cases in adults, with similar results. The last case, a woman, was treated by collosol only, and was discharged cured from the infirmary in five days.

In purulent ophthalmia of infants the same treatment is used, and I am certain that if this treatment was adopted in every case early, there would be no such thing as impaired vision or blindness from this cause. Many cases are treated in the out-patient department of the dispensary, and the drops being absolutely harmless may be safely trusted to the friends. The child is brought up once daily for the silver nitrate drops; the eyes are washed out every hour at home, and the collosol drops put in.

In infected ulcers of the cornea and hypopyon ulcer, of which I am sorry to say we have a great experience at the infirmary, I have had better results from collosol than from any other treatment, and tapping of the anterior chamber, the cautery and other operative procedures are now rarely required; if perforation does occur it is smaller and more manageable. The pupil is kept dilated with atropine, and the collosol is used every two hours.

In the various other forms of ulcer of the cornea, especially in the early stages, in addition to keeping the pupil dilated, no better treatment can be adopted, followed by calomel dusting, and yellow oxide of mercury ointment as the ulcer begins to heal.

In interstitial keratitis it is undoubtedly of the greatest value. I have had many cases in adults, in which from complete opacity the cornea has become absolutely clear in from three to five months, and anyone who has had much experience of this disease in adults knows how often permanent impairment of sight results, and how long the treatment used to last, especially if irritants had been used before coming under treatment. The eye is kept under atropine or, preferably, scopolamine, and the collosol is dropped in three times a day, the eye being kept closed afterwards for five minutes. When all active symptoms have disappeared, and not until then, if any opacity remains, yellow oxide or mercury ointment may be used; but if treated throughout as described above I am sure this will rarely be necessary.

In the various forms of blepharitis, collosol affords the best chance of a cure. The following case illustrates its value in one of these conditions:

Blepharitis Ulcerosa.—A lady, aged 29, a visitor to the town, acting under the pressure of her friends, came to interview me. "I do not expect that you will be able to do me much good, as I have been under the care of an ophthalmic surgeon in my own town for three years, and you see what I look like now. If you are able to do me any good I will stay here three months." I ordered her to bathe the eyelids with a borax lotion three times a day, and then very gently to remove every particle of scab, after which she was to lie on her back, with her head thrown back, and have the collosol dropped on the closed lids, allowing it to soak for five minutes. In six weeks she went home cured.

In dacryocystitis, after probing collosol argentum is a great help. The sac should be first syringed out with saline solution, and, after expressing any that remains, the sac should be filled with collosol with the syringe. In cases of long standing this will not be sufficient; the sac should be incised and plugged with ribbon gauze, and for about a week the sac should be dressed daily by inserting into it ribbon gauze soaked in 10 per cent. solution of potassium bichromate, or the lining membrane of the sac should be scraped. The wound is then allowed to close and the collosol injections continued.

For burns of the cornea, conjunctiva or lids, nothing will keep them in an aseptic condition better than collosol ointment, 50 per cent.

My routine treatment of wounds of the cornea, sclerotic or conjunctiva is collosol every four hours, and in my hands it has proved most successful. This is also my treatment in preparing for operation an eye from which there may be any discharge.

In the various forms of conjunctivitis I have not found it to be so efficient as the ordinary remedies. I may say that collosol is always used as supplied, and not diluted. This is a record of my own experience in the use of it during the last three years.

CATERING for the sick, not always an easy matter even in favourable circumstances, becomes doubly difficult on active service, when meals suitable for patients in every stage of disease and exhaustion have to be prepared out of whatever happens to be procurable at the moment. This is a problem sufficient at times to tax the ingenuity of a Vatel; and the *War Cookery Book for the Sick and Wounded*, recently compiled by Miss Jessie M. Laurie (London: T. Werner Laurie; 6d. net) should do much to lighten the task of those entrusted with the cooking arrangements in the field hospitals of to-day. The book contains a large number of simple and nutritious dishes, with full instructions as to their preparation; and the convenience of the cook has been considered in every detail of its arrangement, the recipes being printed in large type on strong paper, which should not easily tear or become detached, even with constant usage.